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Quality Review Framework

Version History

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Abbreviations	
PHECC	Pre-Hospital Emergency Care Council
RI	Recognised Institution
QRF	Quality Review Framework
QAR	Quality Assurance Review
QRP	Quality Review Panel
QIP	Quality Improvement Plan
QIC	Quality Improvement Cycle
QS	Quality Standards
RISAR	Recognised Institution Self-Assessment Report
RPL	Recognition of Prior Learning

Forward

The Pre-Hospital Emergency Care Council (PHECC) is the statutory body responsible for setting the standards for education and training in pre-hospital emergency care in Ireland. It is also responsible for the quality of the awards made in its name and the quality of the courses that lead to those awards. Responsibility for developing and delivering courses is delegated to Recognised Institutions (RIs), who deliver courses on behalf of PHECC. RIs should aspire to excellence in the development and delivery of all courses. Such aspirations require regular monitoring, review and constructive dialogue to provide the necessary assurance about standards and quality.

PHECC's Quality Review Framework (QRF), has been developed to provide a range of Quality Standards (QS) for RIs delivering courses on its behalf, and a process for monitoring achievements against these standards. The aim of the process is to develop and implement a quality assurance model that will lead to continuous improvement in the service offered by RIs, in a manner that meets the needs of students, RI faculty and management and PHECC.

The quality assurance model that has been developed encourages partnership and collaboration between all stakeholder groups. It highlights the importance of developing systems for carrying out all the key activities, associated with the delivery of PHECC approved courses. It also emphasises the need to develop policies, associated procedures and a system of continuous monitoring, in order to establish best practice and ensure consistently high standards of service in the delivery of PHECC approved courses.

1.0 Executive Summary

1.1 Introduction

PHECC have a responsibility to monitor, review and report on the management of standards and the quality of courses delivered on their behalf, on a periodic basis. The systems described in this handbook provide details of how these reviews will take place. The PHECC Quality Assurance Review (QAR) provides the opportunity for a regular overview of the RIs learning and teaching activity and is designed to evaluate the management of educational and training standards in course delivery.

The QAR involves: RI internal self-assessment and external evaluation of RI performance by PHECC, represented by a Quality Review Panel (QRP – Ref. Appendix 1). The internal assessment process involves the participation of various stakeholder groups, i.e. students, faculty, management and host organisations (internship sites) etc.

The review process provides an opportunity for stakeholders to examine the value of the work that takes place in the institution and acknowledge the achievements of students, faculty and management. Areas for improvement are identified and actions are planned. Actions arising from the review process are generally implemented in the short-term and are referred for inclusion in the Quality Improvement Plan (QIP).

The QAR is based on the principle of using existing documentation wherever possible, such as student feedback forms and reports, survey results, action plans etc. The review has four distinctive features:

1. It is RI based.
2. It is based on a process of self-assessment carried out by the RI itself.
3. The use of external reviewers to ensure objectivity.
4. The review evaluates a range of RI activities, allowing for balanced recommendations to be made, to be included in QIP's.

Each RI delivering approved courses on behalf of PHECC will be reviewed over a 5-year cycle or on a shorter cycle if deemed necessary and appropriate.

1.2 The Development of the Quality Review Framework

The QRF was developed by PHECC and its RIs and included two distinct phases.

Phase One: Consultation Phase

- Initial consultation with members of PHECC.
- Completion of a literature scan.
- Review of other QFR's common to education providers.
- Development of a draft set of quality standards.
- Consultation with RIs.
- Evaluation of feedback on draft quality standards.

Phase Two: Development Phase

- Refinement of the set of quality standards set out in this QRF.
- Processes for internal assessment and supporting documentation.
- Processes for external evaluation and supporting documentation.
- Guidelines in relation to improvement plans.
- Approval by the Education and Standards Committee and Council.

The following guides and supporting documents have been developed:

- 1) Quality Review Framework (this document)
- 2) Recognised institution self-assessment report (RISAR)
- 3) Guide to self-assessment
- 4) Quality improvement plan and progress report
- 5) Quality review panel (QRP) guidelines
- 6) QRP off-site report
- 7) QRP on-site report

1.3 Purpose of the Framework

PHECC has responsibility for the quality of education provided on their behalf and therefore will be responsible for the external evaluation of RIs. The QRF should provide assurance to Council of the following:

- RIs have strategic oversight of, and take responsibility for, the educational standards and quality of their courses.
- Students have the opportunity to contribute to shaping their learning experience, through giving and receiving regular and constructive feedback.
- Students are properly and actively informed, at appropriate times of matters relevant to their course of study.
- RIs are supported to deliver high quality student experiences.
- Innovation and creativity in the design and delivery of courses is actively supported.
- RIs are meeting or exceeding the Quality Standards

1.4 Principles Underpinning the Framework

It is important that a clear set of principles underpin the design and implementation of the QRF, and are embedded in all aspects of the framework. There are two core principles underpinning the QRF, which are:

1. The framework must ensure that the student interest is being served.
2. The framework promotes cooperation, enhancement, sharing good practice and encourages a cycle of continuous improvement.

All activities that take place as part of the QRF should be developmental and based on dialogue between all stakeholders. Assessments, reviews and engagements should be forward looking, taking the opportunity to learn from the past and take full account of the current state of affairs to ensure that educational standards are sound and that students are supported to achieve the educational aims of their course.

1.5 The Quality Review Framework

The QRF comprises:

1. A range of quality standards
2. The Quality Improvement Cycle (QIC), which outlines the review process including:
 - The steps and processes involved in internal self-assessment and external evaluation
 - Quality Improvement Planning
 - Support for RIs to meet and continually improve their performance

The cyclical process of planning, evaluation, monitoring and implementation of actions, form the basis of the QIC.

1.5.1 The QRF Building Blocks

The QRF forms the basis of a quality assurance system. It comprises four interconnected building blocks (see figure1).

1. Quality Standards

The Quality Improvement Cycle and Review Process

2. Self-Assessment (using the RISAR)
3. External Evaluation (On-site review by the QRP on behalf of PHECC)
4. Improvement Plans

Figure 1: The QRF Building Blocks:



Quality Standards are at the core of the QRF, as they inform the other key aspects of the framework. RIs are encouraged to work towards continuous improvement through engagement in the processes of planning and evaluation. Institutions will carry out an internal assessment annually and report same in the RISAR which will guide their quality improvement planning for the following twelve months.

2.0 The Quality Standards

2.1 What are Quality Standards?

Quality Standards are statements outlining the key elements of a quality course. They can also be described as elements of good practice. In this document the QS are outlined in table form.

2.2 Development of the Quality Standards

The principles that guided the development of the QRF are at the core of the development of the QS.

1. Ensuring that the student interest is central
2. Promoting continuous quality improvement

The standards themselves need to be achievable and measurable. Therefore, QS have been developed that:

- Focus specifically on outcomes for students and
- The systems and processes that support these outcomes

2.3 Functions of the Quality Standards

They outline key elements required to deliver a quality course, through a system of monitoring and continuous quality improvement. The standards inform the following:

- Good Practice
- Internal Assessment (RISAR)
- External Evaluation (On-site review by the QRP on behalf of PHECC)
- Improvement Planning

2.4 Quality Standards – Overview

The QRF comprises four sections containing a range of quality areas; under each quality area the QS are outlined. Each QS, is sub-divided into evaluation criteria. Evaluation criteria are statements of how QS are made operational. For the internal assessment and external evaluation processes, they will be used to assess whether the QS are being met. Institutions may wish to add their own evaluation criteria to this list in order to reflect their systems and arrangements.

2.4.1 Section One: Organisational Structure and Management

- 1.1 Governance
- 1.2 Management Systems and Organisational Processes
- 1.3 Management Responsibility
- 1.4 Self-Assessment, External Evaluation and Improvement Planning
- 1.5 Transparency and Accountability
- 1.6 Administration
- 1.7 Financial Management

2.4.2 Section Two: The Learning Environment

- 2.1 Education and Training Mission Statement
- 2.2 Communication with Students and Other Stakeholders
- 2.3 Course Access, Transfer and Progression
- 2.4 Equality and Diversity
- 2.5 Complaints and Appeals
- 2.6 Training Infrastructure
- 2.7 Health and Safety
- 2.8 Social Environment

2.4.3 Section Three: Faculty Recruitment and Development

- 3.1 Organisational Staffing
- 3.2 Faculty Recruitment
- 3.3 Faculty Development and Training
- 3.4 Communication with Faculty
- 3.5 Work Placement and Internship
- 3.6 Faculty and Stakeholder Management
- 3.7 Collaborative Provision

2.4.4 Section Four: Course Development, Delivery and Review

- 4.1 Course Development
- 4.2 Course Approval
- 4.3 Course Delivery – Methods of Theoretical and Clinical Instruction
- 4.4 Course Review
- 4.5 Assessment and Awards
- 4.6 Internal Verification
- 4.7 External Authentication
- 4.8 Results Approval
- 4.9 Student Appeals

Table 1: Organisational Structure and Management

Quality Area	Quality Standard	Evaluation Criteria
<p>1.1 Governance</p>	<p>The Institution has clear lines of authority and engages a system of accountability for PHECC approved courses.</p>	<ul style="list-style-type: none"> • The Organisational Chart reflects the institutions structure and how that accommodates the delivery of PHECC approved courses. • The Governance Structure shows the roles and names of persons responsible for the Quality Assurance of PHECC approved courses. • The Course Approval process is followed based on PHECC guidelines. • The Results Approval process, for responder level exams, is followed based on PHECC guidelines. • Self-assessment and Improvement Plans are approved and based on PHECC guidelines. • When there is an affiliation or partnership with another institution or higher education authority evidence of that affiliation or partnership must be available e.g. memorandum of understanding or agreement. • When there is an affiliation or partnership with another institution or higher education authority evidence of joint working committee in place and clear Terms of Reference informs the duties of each institution.
<p>1.2 Management Systems and Organisational Processes</p>	<p>The Institution can show that it has well documented organisational processes in place to meet the needs of all stakeholders.</p>	<ul style="list-style-type: none"> • There is a policy statement and clear procedures for how information is managed and maintained ensuring it is in line with best practice, data protection and FOI Legislation. • Individual student files are maintained to include information on contact details, supports, recruitment, initial assessment, individual learning plan, attendance, completion rates, assessment, certification and progression. • Records in relation to faculty are maintained to include recruitment details, contracts, PHECC certification and other qualifications, courses of work and evaluations. • Due care is taken to protect confidential information. • Quantitative measures (Key Performance Indicators) are used to capture information regarding: numbers per course, student profiles, student satisfaction rates, course completion rates, certification rates. • Certificate activity reports and any other targeted information requests are submitted to PHECC as appropriate.

Quality Area	Quality Standard	Evaluation Criteria
1.3 Management Responsibility	There is a clearly defined system in place showing who is responsible for ensuring the quality assurance of PHECC approved courses.	<ul style="list-style-type: none"> • A member of management will be appointed to have overall responsibility for the quality assurance of PHECC approved courses. • Responsibility for monitoring quality assurance is clearly allocated and evidenced on the organisational chart. • All faculty members are aware of their responsibilities for the quality assurance of PHECC approved courses. • Internal Verification of all quality assurance processes takes place on a regular basis. • The Internal Verifier is available to liaise with PHECC throughout the external review process.
1.4 Self-Assessment, External Evaluation and Improvement Planning	The Institution carries out internal assessment and engages in a quality improvement planning process (annually) which includes external evaluation.	<ul style="list-style-type: none"> • Quality Assurance policy and procedures are developed and documented including a procedure for monitoring implementation and effectiveness of courses and services. • The evaluation process involves key stakeholder group including students. • The evaluation process and outcomes are documented in the RISAR. • Areas for improvements are identified actions are agreed and implemented as outlined in the institution's QIP. • The QIP is based on the RI evaluation against the QS and informs the work of the institution and is implemented, monitored, evaluated and updated on an on-going basis.
1.5 Transparency and Accountability	The Institution conducts its activities in an open and transparent manner.	<ul style="list-style-type: none"> • Students are informed of their entitlements (educational supports) while undertaking their course. • General information in relation to the course is available to the public. • Signs on the premises, correspondence and other relevant documentation highlight course information. • Course reports are submitted to management (or retained) by the course director.
1.6 Administration	Administration arrangements meet the needs of all stakeholder groups.	<ul style="list-style-type: none"> • Administration support is allocated as appropriate. • Administration staff carries out the key administration functions relating to courses. • Clear procedures are in place in relation to all administration tasks.

Quality Area	Quality Standard	Evaluation Criteria
1.7 Financial Management	The institution manages its' finances in a responsible manner that meets the needs of all stakeholders.	<ul style="list-style-type: none"> • Budgets are effectively planned and managed by management. • All necessary financial records are maintained. • Financial management systems are subject to external audit. • Written confirmation that adequate insurance cover is in place to cover all activities.

Table 2: The Learning Environment

Quality Area	Quality Standard	Evaluation Criteria
2.1 Education and Training Mission Statement	The mission of the Institution is appropriately focused with education and training as a core activity.	<ul style="list-style-type: none"> • The mission statement is visible within the institution and on relevant documentation. • The mission statement is relevant to pre-hospital emergency care. • All stakeholders are aware of the mission statement and its implications.
2.2 Communication with Students and Other Stakeholders	Two way communication systems are in place between faculty, students and other stakeholders as appropriate.	<ul style="list-style-type: none"> • Students are encouraged to provide feedback during and after their course on: content, delivery mode, teaching style, learning resources, assessment, provision of information, accommodation of diversity and additional support services. • Students have regular and appropriate access to faculty. • There is evidence of a variety of communication methods being utilised e.g. ICT, structured feedback sessions, informal conversations, questionnaires, surveys, suggestion boxes, student reflective diaries etc. • Feedback from host organisations (internship sites) and/or employers is encouraged.
2.3 Course Access, Transfer and Progression	Course information is clear, access is fair and consistent, with recognition of prior learning, as appropriate.	<ul style="list-style-type: none"> • An admissions policy and procedures are developed and documented with clear entry criteria and a system for monitoring their implementation and effectiveness is in place. • Students are provided with sufficient information at entry stage to make informed choices regarding their course. • Pre-course information clearly outlines entry arrangements, terms and conditions. • Information is available on course details including: name, structure, duration, award type fees, entry requirements and appeals etc. • Student entry criteria is clearly available and stated on promotional material. • Information is available to students on the process for recognition of prior learning (RPL) (if applicable) whether through formal, non-formal and informal routes. • Procedures for RPL adhere to the guidelines for each individual course in keeping with PHECC Guidelines.
2.4 Equality and Diversity	There is a commitment to the provision of equal opportunities for students and faculty in compliance with relevant equality legislation.	<ul style="list-style-type: none"> • An equality and diversity policy and procedures are developed and documented. • Policies and procedures promote mutual respect, understanding and openness to individuals and groups from all cultures, ethnic, national and religious backgrounds. • Information and training in relation to equality is provided for faculty.

Quality Area	Quality Standard	Evaluation Criteria
		<ul style="list-style-type: none"> • Individuals or groups with particular needs are facilitated to participate on courses through the provision of specific supports. • Codes of practice for dealing with complaints of: sexual harassment, bullying and harassment, are in place and implemented. • Course delivery accommodates the cultural backgrounds and learning styles of students.
2.5 Complaints and Appeals	Complaints and Appeals Procedures are open, transparent and accessible to students and other stakeholders.	<ul style="list-style-type: none"> • A complaints procedure is in place and information on it is available to all stakeholders. • A process is in place for students to appeal decisions on course entry. • A process is in place for students to appeal assessment results (see also 4.9).
2.6 Training Infrastructure	Courses are carried out in an appropriate learning environment, sufficiently resourced in order to deliver training to the highest standards.	<ul style="list-style-type: none"> • The building provides a safe, clean, welcoming and comfortable learning environment. • A selection criteria for premises to be used for course delivery is documented. • Faculty document the equipment required to deliver the various aspects of the course. • Appropriate equipment for each course on offer is in place. • Systems are in place for regular maintenance and updating of equipment. • Library and ICT resources are up to date and available for courses, as required.
2.7 Health and Safety	A safe and healthy environment exists in the Institution.	<ul style="list-style-type: none"> • A health and safety statement is developed and made available to all stakeholder groups. • Correct health and safety procedures are developed and documented in compliance with legislation and a system for monitoring their implementation and effectiveness is established.
2.8 Social Environment	A positive, encouraging, safe, challenging and caring environment is provided for faculty and students.	<ul style="list-style-type: none"> • The institution promotes mutual respect between faculty and students. • The courses delivered are interesting and challenging for students. • Appropriate tutor/instructor to student ratio applies to all course activities in keeping with PHECC's course approval criteria.

Table 3: Faculty Recruitment and Development

Quality Area	Quality Standard	Evaluation Criteria
3.1 Organisational Staffing	All faculty are aware of their role and responsibilities when involved in the administration and/or delivery of PHECC approved course and their conduct is professional at all times.	<ul style="list-style-type: none"> • There is a documented policy and associated procedures on Faculty Recruitment and Development. • The role and responsibility of each faculty member for quality assurance is outlined and faculty share responsibility as appropriate. • The composition of the institute's faculty is based on the operational needs of the institution and on PHECC's minimum tutor/instructor/facilitator requirements and course approval criteria.
3.2 Faculty Recruitment	Faculty are recruited on the basis of personal suitability, appropriate experience and qualifications.	<ul style="list-style-type: none"> • A job description and selection criteria for each role is available. • Senior Management, are involved in the recruitment process as appropriate. • Recruitment of faculty is in line with PHECC's minimum requirements and course approval criteria for all courses on offer i.e. facilitator, tutor and instructors.
3.3 Faculty Development and Training	Faculty are encouraged and supported to gain additional training/qualifications appropriate to their role in or with the Institution.	<ul style="list-style-type: none"> • A procedure for the continuing professional development of faculty is in place and a system for monitoring the implementation and effectiveness of the procedure is established. • An induction course is developed and documented to ensure that faculty, are aware of expectations, internal organisation procedures and good practice. • All faculty members are informed of their role and responsibilities and opportunities for continuing professional development as part of their induction course. • Procedures are in place for faculty to make recommendations and seek support for training and the achievement of additional qualifications as appropriate. • All faculty members are aware of their obligations under the Children and Vulnerable Persons' Act 2012 and subsequent revisions thereof (Garda Vetting etc.). • A child/vulnerable person protection policy is in place and is implemented in line with national guidelines and training is provided for relevant faculty members.
3.4 Communication with Faculty	Two way communication systems are in place between management and faculty.	<ul style="list-style-type: none"> • Regular and appropriate communication occurs between faculty and management. • Faculty are encouraged to provide feedback during and after their course.
3.5 Work Placement and Internships	Host organisations (internship sites) are appropriate to the course content and learning outcomes to be achieved (NQEMT courses only).	<ul style="list-style-type: none"> • There are appropriate QA policies and procedures documented and a system for monitoring the quality of the learning experiences during internships. • Arrangements are in place with each host organisation (Internship Site). • Sufficient numbers of mentor and preceptors (clinical supervisor) are in place with each host organisation (internship site).

Quality Area	Quality Standard	Evaluation Criteria
		<ul style="list-style-type: none"> • Learning outcomes to be achieved during the work placement/internship period are documented and a procedure for monitoring their delivery is in place (Monitoring Visits). • A schedule is in place for monitoring visits to host organisations (Internship Sites). • Host organisations (Internship Sites) have appropriate documentation to record student activities during the work placement/internship i.e. report forms, daily activity record etc. • Students are aware of their obligations to the host organisation (Internship Site) during the work placement/internship period. • The student's progress while on work placement/internship is monitored and evaluated on a regular basis in co-operation with the student. • Host organisation (Internship Site) faculty and students are aware of their obligations under the Children and Vulnerable Persons' Act 2012 (Garda Vetting etc.). • An accurate and up to date record of student workplace/internship activities is maintained by the student and made available for review (Learning Portfolio). • Students and the host organisation (Internship Site) are encouraged to provide regular and timely feedback during and after the work placement/internship period. • Selection Criteria for appropriate host organisations (Internship Sites) are documented. • All host organisations (Internship Sites) are listed with the contact details available. • Only PHECC approved Host Organisations (internship sites) are used.
3.6 Faculty and Stakeholder Management	A system is in place to ensure appropriately qualified and experienced individuals are engaged by the institution.	<ul style="list-style-type: none"> • A minimum standard is in place for both academic and subject matter experience of tutors visiting subject experts, and work placement/internship mentors and preceptors (clinical supervisors). • A system is in place that ensures that only instructors and tutors with valid certification deliver PHECC approved courses. • The activities of instructors/tutors and visiting subject experts are monitored on a regular basis through observation and analysis of relevant documentation. • Records of all faculty members' certifications, experience and CPD are maintained by the Institution. • Relevant instructor/tutor details are recorded on course documentation.
3.7 Collaborative Provision	Appropriate contractual arrangements are in place with affiliated instructors.	<ul style="list-style-type: none"> • There is a written and signed contract in place. • Evidence is provided of agreed quality assurance standards between all parties involved. • Students are made aware of the role of each party in course provision.

Table 4: Course Development, Delivery and Review

Quality Area	Quality Standard	Evaluation Criteria
<p>4.1 Course Development</p>	<p>Courses are designed and developed to meet the requirements for PHECC approval and certification and reflect a commitment to quality improvement.</p>	<ul style="list-style-type: none"> • A course design and development policy is in place and documented. • Courses strike an appropriate balance between theory and practice. • A broad range of teaching/learning strategies are utilised e.g. presentations, group discussions, skills demonstrations and blended learning as appropriate. • Course development promotes a commitment to self-directed learning (as appropriate). • Development reflects any updates or changes in PHECC education and training standards or clinical practice guidelines. • The aims and objectives of the course are clearly outlined detailing competencies to be achieved by students. • Detailed lesson plans are available and include all information as set out in PHECC guidelines for theoretical and practical lessons e.g. Tutor and Student activity. • Detailed timetables for each course on offer are documented and available to all stakeholders and include: time on each topic, teaching method, tutor's name etc. • Appropriate instructor/tutor – student ratios are documented and maintained.
<p>4.2 Course Approval</p>	<p>There are clear guidelines for course approval.</p>	<ul style="list-style-type: none"> • The approval process has been adhered to as per governance procedures and PHECC guidelines. • All information required for course approval has been supplied, as per PHECC course approval criteria, i.e. duration, tutor/instructor and student ratio, assessment, certification etc. • The approval process for host organisations (internship sites) has been adhered to as per PHECC requirements.
<p>4.3 Course Delivery – Methods of Theoretical and clinical Instruction</p>	<p>Courses are delivered in a manner that meets students' needs and in accordance with PHECC guidelines.</p>	<ul style="list-style-type: none"> • A course delivery policy and procedures are developed and documented. • Induction occurs with each new group of students and individuals where necessary. • Evidence of student attendance at scheduled training is available. • Courses are delivered in keeping with PHECC education and training standards and clinical practice guidelines. • A variety of teaching methods are utilised in order to ensure that students are actively involved and take responsibility for their own learning. • Courses are delivered by appropriately qualified/certified tutors and instructors.

Quality Area	Quality Standard	Evaluation Criteria
		<ul style="list-style-type: none"> • Delivery of learning outcomes by third parties is documented and monitored on a regular basis, including site visits as appropriate. • Structured one to one time is available for students as appropriate to their needs. • For NQEMT courses only: A documented record of student activities (from the student) is maintained and available for inspection by PHECC and relevant stakeholders i.e. the Learning Portfolio.
4.4 Course Review	Courses are reviewed in a manner that allows for constructive feedback from all stakeholders.	<ul style="list-style-type: none"> • Course review procedures are developed and documented. • Opportunities for student review are made available during and after their course. • Tutors/instructors have the opportunity to review their courses during and after delivery. • The evaluation process involves key stakeholders including mentors, as appropriate. • Course evaluations are documented by the tutor/instructor or course director. • Areas for improvements are identified, actions are agreed and implemented as outlined in the course improvement plan and/or QIP.
4.5 Assessment and Awards	Assessment of student achievement for certification operates in a fair and consistent manner by all tutors and instructors in line with PHECC assessment criteria.	<ul style="list-style-type: none"> • An assessment policy and procedures are developed and documented. • For NQEMT Paramedic and AP only: An appropriate assessment schedule is in place and approved by PHECC. • Appropriate assessment methodology is utilised for all courses. • It is clearly stated when PHECC assessment material is utilised. • Students have access to the information necessary for them to participate in assessment, and access to feedback on their assessment. • Assessment methodologies are adapted, as necessary and reasonable, to cater for students with a disability or other persons covered by the nine grounds of the Equality legislation. • Assessment materials are securely stored and appropriate responsibility is designated (e.g. MCQ exams). • Responsibility for management of the PHECC certification system is clearly documented and allocated.
4.6 Internal Verification	There is a consistent application of PHECC assessment procedures and the accuracy of results is verified.	<ul style="list-style-type: none"> • Course assessment procedure for responder and practitioner levels as appropriate are developed and documented. • The Internal Verification process for assessment and awards is documented.

Quality Area	Quality Standard	Evaluation Criteria
4.7 External Authentication	There is independent and authoritative confirmation of assessment and certification where relevant, in accordance with PHECC standards.	<ul style="list-style-type: none"> • For the foreseeable future, external authentication will be carried out by a panel of reviewers appointed by Council to conduct external (on-site) reviews, as part of the quality improvement cycle of the QRF.
4.8 Results Approval	A results approval process operates in the Institution.	<ul style="list-style-type: none"> • Approved results are made available to students and forwarded for certification. • A Results Approval procedure is developed and documented.
4.9 Student Appeals	A process is in place for students to appeal their approved result.	<ul style="list-style-type: none"> • A Student Appeals procedure is documented. • Students are informed of their opportunity to appeal final approved results. • Students are informed of the appeals decision in an agreed timeframe.

3.0 The Quality Improvement Cycle and Review Process

3.1 Introduction

The QIC and review process is an on-going cycle of evaluation and continuous improvement. The cycle begins with an RI self-assessment evaluated against the QS. This is followed by an on-site visit by the QRP. The key output from this initial process is an agreed QIP to be implemented over the following twelve months. Follow up and support visits (if required), to ascertain progress on the agreed QIP will be scheduled. After twelve months the RI will be required to submit an updated QIP, continuing the cycle. This cycle continues until the next scheduled formal review.

3.2 Key Steps in the Quality Improvement Cycle

The QIC and review process outlines:

- The steps which measure and assess RI achievements against the QS.
- The support for RIs to meet and continually improve their quality performance

3.2.1 Self-Assessment (RISAR)

Self-assessment is the beginning point and a critical component of the continuous quality improvement process. Self-assessment involves an RI looking at how it does things, what it achieves, and how it performs against an agreed set of standards. During the process, an organisation's strengths, weaknesses and opportunities for improvement are identified. The RI self-assessment process involves the RI completing the Recognised Institution Self-Assessment Report (RISAR), which is made available by PHECC. The RI will be advised by PHECC the date by which the completed RISAR must be submitted. The RI will have 8 weeks', from notification, to submit the completed RISAR. The self-assessment enables the RI to:

- Confirm areas where the service provided is meeting the QS.
- Identify gaps in current systems and processes that do not meet the QS.
- Plan actions to address any identified gaps in systems and processes, prior to the on-site review being conducted.
- Identify additional opportunities for improvement, even where the QS are met, to support continuous improvement.

The RISAR records the things the RI is currently doing, and information about the systems they have in place. It enables the RI to identify where there are gaps in their systems and processes. During the self-assessment process there may be opportunities to address these gaps, such as writing a policy or procedure to describe practice. Once completed, the RISAR is subject to an off-site RISAR review and is used to inform the agenda for the on-site review.

Before the self-assessment process can begin, planning should be done by the RI to ensure the best use of faculty time and to anticipate the impact of the process on course delivery. Involving faculty in the self-assessment process can be a valuable way of establishing agreement on how courses are delivered. Students' and other stakeholders should also be encouraged to contribute feedback on their experience of course delivery and contribute any suggestions they may have for course improvement. Realistic timeframes must be allowed for the process to take place.

Regular self-assessment ensures that up-to-date information about the RIs performance is available to PHECC. The results of self-assessment can be used to plan improvement activities and, in turn, the results of these activities can be evaluated and fed into the next self-assessment, ensuring the improvement process continues. The RISAR includes:

- A self-assessment rating against each of the QS
- An Assessment Matrix
- A Checklist.

Reference: Guide to Self-Assessment, for examples of completed RISAR sections.

3.2.2 Off-Site RISAR Review

Within two weeks of receiving the completed RISAR the QRP will undertake the off-site RISAR review. This review assists in prioritising areas to focus on at the on-site review. The QRP will complete an off-site RISAR report for each review conducted.

The off-site RISAR review report is an itemised checklist incorporating notation of any required actions/follow up. It may also indicate a RIs readiness for the on-site review. Indicators raising concern about readiness for the on-site visit may include: submission of an incomplete RISAR or a RISAR with limited relevant information. If necessary, the QRP or PHECC staff will make contact with the RI for additional information or request that the RISAR be resubmitted. The RI will be notified of the outcome of the off-site RISAR review

electronically (email) by a member of the QRP or PHECC staff and informed of subsequent plans for the on-site review, as appropriate.

3.2.3 On-site Review

The on-site review will take place at a mutually agreed time. The visit will be collaborative in approach and focus on acknowledging good practice and encouraging the development of a sustainable quality system. The on-site review will be conducted by at least three reviewers, normally lasting one day. Prior to an on-site visit, PHECC will liaise with the RI to make the necessary arrangements, for example:

- Confirming the date, time and duration of the visit
- Discussing the proposed schedule
- Asking the RI to notify faculty and students (current or past) that the visit will be taking place and that a reviewer might talk to them about their experience.

All of these details will be confirmed by PHECC prior to the on-site review. The on-site review may include the following steps:

- **Entry Meeting** – to introduce key faculty and explain the review process.
- **Tour of the Site** (if applicable) – to observe the physical environment from which courses are administered and/or delivered.
- **Document Review** – includes a sample of student records, faculty records and any other stakeholder records, as outlined in the RISAR, to demonstrate if the QS are being met.
- **Stakeholder interviews** – to confirm written evidence (RISAR or supporting documentation) or observations made by the QRP.
- **Exit Meeting** – to provide verbal confirmation of the review findings and advise of ratings against the QS.

The RIs performance will be assessed against each of the QS by applying the following ratings:

- **Met:** written and verbal evidence clearly demonstrates that the RI meets all the requirements of the QS.
- **Part Met:** written and verbal evidence clearly demonstrates that the RI only meets part of the requirements of the QS.

- **Not Met:** written and verbal evidence clearly demonstrates that the RI does not meet the requirements of the QS.
- **Not Applicable:** a not applicable rating may apply. For example, where the RI does not provide RPL.

The overall review result will be determined as follows:

- **Met:** all the requirements of each, QS have been met.
- **Part Met:** the requirements of one or more QS have not been fully met.
- **Not Met:** the requirements of no QS have been met.

If serious matters (breaches) relating to QS or Council Rules arise, the issue will be referred to PHECC to manage, in consultation with the RI manager. Sanctions may be considered in line with Council Rules for Recognition of Institutions.

3.2.4 Draft Report and Feedback

Within two weeks of the visit a draft report, of the on-site review, is forwarded to the RI. The report will use the same format as the RISAR and will include:

- An Executive Summary
- An Assessment Matrix
- Review findings, detailing the reasons for the panel's rating for each QS
- Recommendations for the QIP, to address any identified gaps against each QS and/or plans to support continuous quality improvement, where applicable.

The draft on-site review report will clearly document what needs to be done to meet the QS and optional actions to support continuous quality improvement (these actions form the basis of the QIP). The RI will have four weeks to work through the draft report and return their feedback to the QRP.

Feedback: Feedback may include any RI comments, corrections of omissions and/or factual errors and may include requested changes to the draft report. The RI may not otherwise change the review report. Feedback must be provided, electronically (via email). Feedback received from the RI will be included as an appendix to the report and will be publically available.

Where the RI disagrees with content in the draft report, the QRP will require the following information:

- Specific detail about the part/s of the draft report that are in dispute.
- The evidence the RI is relying on to substantiate the requested change.

Where agreement on the content of the draft report cannot be reached, the matter should be referred to PHECC for a more comprehensive review.

3.2.5 Report to Council and Publication

The QRP will finalise the on-site review report within two weeks of receiving the draft report and feedback from the RI. It will next be presented to Council for consideration and approval after which it is known as the “Final on-site review report” (or Final Report). The Final report (dated as per Council meeting) will be sent to the RI. Should the RI disagree with any details of the Final report, their right to appeal is fully acknowledged (see section 3.4). The final report will be published on PHECC’s website after the expiry of the appeals period (28 days). It is recommended that the RI publish the final report and subsequent QIP on their website.

3.2.6 Quality Improvement Plan

The RI is responsible for completing the QIP, to include the following information:

- The name/position of the person responsible for completing each action identified in the QIP.
- The timeframe within which the action is to be completed.

The RI must return the QIP to PHECC within 4 weeks of receiving the final review report. The return of the final agreed QIP to PHECC is a key output for year one. The RI then works on the actions outlined in the QIP and activity is monitored and supported by PHECC staff and the QRP over the next twelve months

3.2.7 Monitoring Progress

The RI will use the QIP to schedule, monitor and report on the planned actions required to meet the QS. PHECC staff will use the QIP to monitor the RIs progress in implementing the planned actions. The plan will assist in identifying additional support that the RI may need.

3.2.8 Support Visit(s)

To support the implementation of the recommendations outlined in the QIP, PHECC staff and/or members of the QRP, may include at least one support visit to the RI following the on-site review. The timing of this will depend on the support required by the RI and their progress in implementing the QIP.

3.2.9 Progress Report/Quality Improvement Plan Update

In order to maintain the momentum of continuous quality improvement, RIs will be required to submit a progress report against their QIP one year after that plan has been agreed, as part of the annual RISAR return. The RI will also submit an updated QIP to PHECC for the next calendar year which will be a key output from year one.

Table 5: Key Steps - Timelines

Quality Improvement Cycle/Review Process		
Steps	Activity	Timelines
1	RISAR sent to RI	Day 1
2	RISAR returned to QRP	Within 8 weeks
3	Off-Site RISAR Review	Completed within 2 weeks
4	On-Site Review (1 Day)	Mutually agreed time
5	Draft report returned to RI	Within 2 Weeks
6	Draft report with RI feedback returned to QRP	Within 4 Weeks
7	Draft report to Council	Within 4 Weeks
8	Copy of Final Report sent to the RI	Within 2 weeks
9	Final Report published on website (after expiry of appeals period)	After 28 days
10	Quality Improvement Plan submitted to PHECC	Within 4 Weeks
11	On-going monitoring and support visit(s) if required	Following 12 months
12	QIP progress report and updated QIP submitted to PHECC	12 months after initial QIP submission

3.3 Complaints

A RI may make a complaint about any aspect of the quality review process or the conduct of the QRP at any time. In the first instance, RIs are encouraged to discuss their complaint with the QRP chairperson on the day of the onsite review, who may be able to resolve the issue. Alternatively, the RI may prefer to put their complaint in writing directly to PHECC. In this instance, the following information is required from the RI:

- Specific detail about the nature of the complaint
- The evidence the RI is relying on in making the complaint
- Confirmation of the RIs nominated representative (and contact details) with whom PHECC should liaise during the management of the complaint.

PHECC will investigate the complaint and respond to the RI as soon as practicable.

3.4 Appeals

A RI may appeal the decisions/content in the final Report. RIs will have 28 days to submit an appeal. Provisions for an appeal are set out in Council Rules for Recognition of Institution and Council's Appeals policy and procedures.

Appendix 1: The Quality Review Panel

In appointing a Panel, Council will ensure the balance of subject matter and quality assurance expertise.

The Role of the Panel Members

The role of all panel members is to:

- Identify significant themes/issues for discussion, facilitated by a comprehensive review of the RIs completed RISAR.
- Construct and manage an agenda for the RI QA review which enables them to explore these themes/issues through dialogue.
- Pursue lines of enquiry which allow them to test whether current structures and procedures are fit for purpose.
- Make evidence-based judgments about the maintenance and enhancement of QS.
- Make evidence-based judgments about PHECC's future relationship with the RI.
- Prepare off-site RISAR Reports and On-site Review Reports.
- Provide follow up assistance to PHECC and RIs if required.